

2012-2013 ROUNDTOP MOUNTAIN RESORT MULTI-VISIT CARD RELEASE AGREEMENT

Complete form entirely. PLEASE PRINT. Once submitted, any change is subject to a \$25 fee.

NAME _____ EMAIL _____ FIRST M.I. LAST	Club Name _____ Advisor Name _____ If you are purchasing a card for the first time... Staple new photo here!
ADDRESS _____ STREET CITY STATE ZIP	
DATE OF BIRTH ____/____/____ AGE ____ PHONE (____) _____	

Please fill in if purchasing rentals.
Height: ____ft ____in. Shoe Size: ____
Weight: ____ Stance: regular or
Male/Female: ____ goofy

SKILL LEVEL (check one)

- ☐ **Type 1** Cautious skiing at *lower* visual indicator settings
☐ **Type 2** Moderate skiing *average* visual indicator settings
☐ **Type 3** Aggressive skiing at *higher* visual indicator settings

SELECT MULTI-VISIT CARD PACKAGE:

IF PURCHASED BEFORE 11/4/12			IF PURCHASED AFTER 11/4/12		
4 VISIT LIFT ONLY	\$133	_____	4 VISIT LIFT ONLY	\$158	_____
4 VISIT LIFT/LESSON	\$173	_____	4 VISIT LIFT/LESSON	\$198	_____
4 VISIT LIFT/LESSON/RENTAL	\$203	_____	4 VISIT LIFT/LESSON/RENTAL	\$228	_____
*6 VISIT LIFT/LESSON	\$220	_____	*6 VISIT LIFT/LESSON	\$245	_____
*6 VISIT LIFT/LESSON/RENTAL	\$250	_____	*6 VISIT LIFT/LESSON/RENTAL	\$275	_____
*8 VISIT LIFT/LESSON	\$245	_____	*8 VISIT LIFT/LESSON	\$270	_____
*8 VISIT LIFT/LESSON/RENTAL	\$270	_____	*8 VISIT LIFT/LESSON/RENTAL	\$295	_____
ADVANTAGE CARD	\$25	_____	ADVANTAGE CARD	\$25	_____
HELMET (SELECT SIZE BELOW)	\$50	_____	HELMET (SELECT SIZE BELOW)	N/A	_____
PROTECTION POLICY	\$8	_____	PROTECTION POLICY	\$8	_____
*available only for college classes					
TOTAL DUE		\$ _____	TOTAL DUE \$		_____

CHOOSE FROM OUR TWO HELMET OFFERS!

Option 1: Smith Optics Helmet - \$50. Purchase details on the last page of this agreement. Tax is included. Please refer to sizing chart on back page before selecting your helmet size. Offer expires 11/4/12.

To order a helmet, please select size (Color is Black only): **SM MED L**

Option 2:

Visit our Mountain Sports Shop and receive a 25% discount (with proof of purchase of your MVC) on the helmet of your choice. Our expert staff will size and custom fit your choice for you! Offer expires 1/15/13

PROTECT YOUR INVESTMENT!

The protection policy offers a prorated reimbursement based on the schedule of coverage listed below. It is based only on the amount paid for the Multi-Visit Card. Coverage becomes effective in the event of a transfer by your employer necessitating a move of 125 miles or more, or injury and/or sickness which prevents your participation in the sport. Documentation from your physician is required. This option must be purchased with your initial order. **If you do not purchase the protection policy, your purchase is considered final and non refundable for any reason.**

1/01 - 1/13	90%	1/14 - 1/25	75%	1/26 - 2/05	50%	2/06 - 2/17	25%	2/18 - 3/01	10%
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No claims accepted after 3/15/13.

YOUR SIGNATURE: The **Liability Release Agreement** and **Responsibility Code**, as located on the back of this page, and the **Code of Conduct**, as printed on the last page of this packet, must be completely read before signing below. Your signature assures compliance with these. Parental or guardian signature is required for participants under the age of 18. Keep the pink copy and the last page for your records.

I, THE UNDERSIGNED, HAVE READ, UNDERSTAND AND AGREE TO THE PROGRAM LIABILITY RELEASE AGREEMENT AND RESPONSIBILITY CODE ON THE REVERSE OF THIS PAGE. I ALSO AGREE TO THE CODE OF CONDUCT AS PRINTED ON THE LAST PAGE OF THIS PACKET. I FURTHER UNDERSTAND AND I AM SIGNING ON BEHALF OF MYSELF, THE MINOR CHILD I AM REPRESENTING, AND OTHER PARENT/GUARDIAN, AGREEING TO BE LEGALLY BOUND HERETO.

Signature: _____ **Date:** _____
Parent/Guardian (Signature of one parent/guardian binds both parents/guardians)

Signature: _____ **Date:** _____
Participant